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PFIZER INC.			Ce I hereby certify that t	Certifieste of Mailing or Transmission I hereby confly that this Fee(s) Transmittal is being deposited with the United States Pestal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop 18SUE FEE subtress above, or being facaimite transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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GROTON, CT 063	140			(Depositoria nastro)		
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APPLICATION NO.	Filing date		first name	D inventor	ATTORNEY DOCKET NO	CONFIDEMATION NO.
10/848/408	08/25/2003	-	Anthon	y Martat	PC23296A	3992
TITLE OF INVENTION: B	ETA-LACTAMASE INHII	OURCORT ROTIE	ì			
Appln. Type	Small entity	issue ree		PEBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
lanoisivotenen	NO	\$1400		\$362	\$1700	06/30/2006
EXAMINER ART		ART UN	IT.	CLASS-SURICLASS		
BERCK, MARK L. 167				\$14-(95090		
 Clamps of correspondence CFR 1.363). 	e address or indication of "P	ec Address" (37		nting on the patent front page, li		C. Benson
O Change of correspond	lence address (or Change of 22) attached.	Carrespondence	or agents OR, alternatively,			
			(2) the name of a single first (having as a member a constant of a single first (having a single first			
PTO/SB/47; Rev 03-02 (Number is required.	tion (or "Fee Address" lodic or more meent) attached, Us	e of a Customer	(2) the name of a single firm (having as a member a registered strongy or agent) and the names of up to 2 registered patient attorneys or agents. If no name is histed, no name will be printed.			
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PLEASE NOTE: Unless recordation as set forth in	an assignce is identified be 37 CFR 3.11. Completion	clow, no assigned of this form is NOT	ista will app a substituto	car on the patent. If an assign for filing an assignment,	ec is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGN			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Pfizer Inc. New York, NY						
Please check the appropriate assigner eategory or entegories (will not be printed on the patent): O individual 20 Corporation or other private group entity. O Government						
As. The following fee(s) are	······					The state of the s
M Issue Fee	omacou.		b. Fayment of Fec(s): A check in the amount of the fec(s) is enclosed.			
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